



**HAWAII STATE ETHICS COMMISSION**  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME(Last)	(First)	(Middle)	TELEPHONE
Brunn	Constance	Mae	973-2155
MAILING ADDRESS (Street)			FAX
1451 S. King Street, Suite 504			973-2160
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96814	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
March of Dimes Hawaii Chapter	973-2155	
MAILING ADDRESS (Street)	FAX	
1451 S. King Street, Suite 504	973-2160	
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Constance M. Brunn		973-2155
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1451 S. King Street, Suite 504		973-2160
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